

Blood-Stream Infection (CDC)

From: Chris Thompson [colswimmer@yahoo.com]
Sent: Thursday, November 19, 2009 4:11 PM
To: Blood-Stream Infection (CDC)
Cc: colswimmer@yahoo.com
Subject: CDC Public Comment for CR-BSI

Dear CDC HICPAC Colleagues:

My hospital recently switched to the 3.15%/70% Isopropyl alcohol skin antiseptic called Chlorascrub as a result of a longer persistence on the patient's skin and also a tremendous cost savings for a product that actually gave us better efficacy. As a vascular access clinician, I am particularly concerned with the guideline's bias towards only a 2% CHG containing solution when the FDA has actually approved two solutions for the same indications. My hospital has seen drops in our catheter-related bloodstream infection rates, and we have saved over 60% from our product conversion. Why in the world would HICPAC not update the guideline to be more inclusive of all solutions approved by the FDA in the US? The way this guideline is written would imply that we would be not following the new CDC guidelines. We would never have switched to the higher CHG solution if we had not done our homework. The new solution has been a tremendous success for our institution and it would be a great disservice to not include both solutions in the final document. I would recommend that you word the final verbiage similar to that of the current SHEA and INS standards with either "use an alcoholic CHG containing solution greater than 0.5% CHG for skin antisepsis prior to all vascular access procedures." This will ensure that healthcare providers can use either solution and not be in violation with the new guideline.

Thank you for your consideration.

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